

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750983

1. Entity Name

SUN COUNTRY VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3723 + 3775 59TH ST NO
ST PETERSBURG FL 33710

Mailing Address

3723 + 3775 59TH ST NO
ST PETERSBURG FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2071066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGERON, PHYLLIS A
3775 59TH ST NO #5
ST PETERSBURG FL 33710

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SELMYHR, ANN
STREET ADDRESS 3775 59TH ST N #1A
CITY-ST-ZIP SAINT PETERSBURG FL 33710

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME BERGERON, PHYLLIS A
STREET ADDRESS 3775 59TH ST NO #5
CITY-ST-ZIP ST. PETERSBURG FL 33710

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME TOUCHTON, SHARON
STREET ADDRESS 891 79TH ST S
CITY-ST-ZIP SAINT PETERSBURG FL 33707

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phyllis A. Bergeron, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01 727-343-9008

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90104 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)